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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *[Signature]*  
 This application is a CIP of PCT/FI02/08070 01/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *[Signature]*  
 FINLAND 20010221 02/06/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/29/2003**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
 23389  
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**TITLE**  
 Process for the extraction of beta-amylase

<b>FILING FEE</b>  <b>RECEIVED</b> 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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